

22

22

Claim	Date	
	Final	Original
151	2/11/03	2/10/03
152	✓	✓
153	✓	✓
154	✓	✓
155	0	✓
156	0	✓
157	✓	—
158	✓	—
159	✓	—
160	✓	—
161	✓	—
162	✓	—
163	✓	✓
164	✓	✓
165	N	N
166	N	N
167	✓	✓
168	N	N
169	✓	✓
170	✓	✓
171	✓	✓
172	0	✓
173	0	✓
174	✓	✓
175	✓	✓
176	✓	✓
177	✓	✓
178	✓	✓
179	✓	✓
180		
1		
2		
3		
4		
5		
6		
7		
8		
9		
190		
1		
2		
3		
4		
5		
6		
7		
8		
9		
200		

[illegible]

SYMBOLS	
✓	Projected
=	Allowed
- (Through numeral)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

1092

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/743564		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		*	*	*	
								IND.	DEP.	IND.	DEP.
1	1										
2	1										
3	1										
4	1										
5		2									
6		1									
7		1									
8		1									
9		1									
10		1									
11		1									
12		1									
13		1									
14		1									
15		1									
16		1									
17		2									
18		1									
19		2									
20		1									
21		1									
22		1									
23		2									
24		2									
25		2									
26		2									
27		1									
28			1								
29				1							
30				1							
31				1							
32				1							
33				1							
34				1							
35				1							
36				1							
37				1							
38				1							
39				1							
40				1							
41				1							
42				1							
43				1							
44				1							
45				1							
46				1							
47				1							
48				1							
49				1							
50			1		2						
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
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79				1		
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83				1		
84				1		
85				1		
86				1		
87				1		
88			1			
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.				4		
TOTAL DEP.					49	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/743564	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101 10				1			51						
102				1			52						
103							53						
104							54						
105							55						
106							56						
107							57						
108							58						
109							59						
110							60						
111							61						
112							62						
113							63						
114							64						
115							65						
116							66						
117							67						
118							68						
119							69						
120							70						
121							71						
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123							73						
124							74						
125							75						
126							76						
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130							80						
131							81						
132							82						
133							83						
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135							85						
136							86						
137							87						
138							88						
139							89						
140							90						
141							91						
142							92						
143							93						
144							94						
145							95						
146							96						
147							97						
148							98						
149							99						
150							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.			70				TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			75				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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